



## Registration Form

2400 Sycamore Drive, Suite 15

Antioch, CA. 94509

Phone: 925-732-7962

Fax: 925-281-9102

[www.kidzfirsttransit.com](http://www.kidzfirsttransit.com)

Email: [KidzFirstTransit@yahoo.com](mailto:KidzFirstTransit@yahoo.com)

### Child Information:

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Sex M / F

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Start Date \_\_\_\_\_

School Attending \_\_\_\_\_

Grade: \_\_\_\_\_ Bell Time(s) \_\_\_\_\_ / \_\_\_\_\_ ( ) One-Way

Early day(wed) \_\_\_\_\_ ( ) Round Trip

### Parent Information:

#### Mother/Step

Guardian \_\_\_\_\_ Home # \_\_\_\_\_

Address \_\_\_\_\_ Cell # \_\_\_\_\_

Email Address \_\_\_\_\_ Work # \_\_\_\_\_

#### Father/Step

Guardian \_\_\_\_\_ Home # \_\_\_\_\_

Address \_\_\_\_\_ Cell # \_\_\_\_\_

Email Address \_\_\_\_\_ Work # \_\_\_\_\_

### Emergency Contact:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

### Locations:

Pick up location \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

Days \_\_\_\_\_ Time \_\_\_\_\_

Drop off location \_\_\_\_\_

Address \_\_\_\_\_

Pick up location \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

Days \_\_\_\_\_ Time \_\_\_\_\_

Drop off location \_\_\_\_\_

Address \_\_\_\_\_

# Kidz First Transit

## Contract

Please read carefully and initial at each item to acknowledge that you have read and understand it's contents.

1. I acknowledge that **Kidz First Transit** is a shuttle service with numerous pickups throughout the day. I acknowledge that my child may have a short wait after school since all schools get out at approximately the same time and that their drop off may not be immediately. \_\_\_\_\_
2. I acknowledge that **Kidz First Transit** is on a tight schedule and that my child will therefore be ready at his or her scheduled pick up time. I acknowledge that **Kidz First Transit** will wait no longer than 2 minutes in the morning. \_\_\_\_\_
3. I acknowledge that "I" the parent am responsible for changes to my child's schedule. **Kidz First Transit** will not honor any changes made by the child. This includes but not limited to: Change of pickup time and/or location, drop off time and/or location, going home with a friend and/or after school activities. \_\_\_\_\_
4. I acknowledge that it is my responsibility to inform **Kidz First Transit** when my child will not be riding on a scheduled day. Failure to inform **Kidz first Transit** warranting **Kidz First Transit** to call and locate my child, will result in a \$10.00 service charge. (Failure to report absent child delays the bus 20-30 minutes). \*\*\*\***EXTREMELY IMPORTANT**\*\*\*\* \_\_\_\_\_
5. I acknowledge that **Kidz First Transit** will not leave until my child is safe inside the house or daycare facility. I agree to provide my child with a key to my home if my child's being dropped off without an adult present. **Kidz First Transit** will not drop off any child under the age of 10 without written consent from the parent or legal guardian. \_\_\_\_\_
6. I acknowledge that if my child is locked out he/she will have to remain on the van until arrangements can be made. I am aware that **Kidz First Transit** is not a licensed daycare provider and that I will be charged \$10.00 per hour or fraction thereof for babysitting. I acknowledge that I will be charged \$10.00 (**Kidz First Transit's** one-way rate) for a return drop off or drop off at another location. \_\_\_\_\_
7. I acknowledge that **Kidz First Transit** is not responsible for my child when he/she is not on the van. \_\_\_\_\_

Parent/Legal Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

**Kidz First Transit**  
**2400 Sycamore Suite #15**  
**Antioch Ca, 94509**

**Liability Release**

I acknowledge that I have voluntarily made arrangements for Kidz First Transit to provide transportation for my child \_\_\_\_\_ in conjunction with \_\_\_\_\_. In doing so I agree that my child will follow all of Kidz first Transit rules set to provide the utmost safety for my child. I am aware that unforeseen circumstances could arise that are out of the drivers control resulting in injury or even death to my child while in route. I agree not to hold Kidz First Transit or its agents responsible should such circumstances arise.

I HAVE READ THIS RELEASE OF LIABILITY AND UNDESTAND ITS CONTENTS. I FURTHER AGREE THAT I AM LEGALLY RESPONSIBLE FOR THE ABOVE CHILD AND SIGNING THIS FORM AT MY OWN FREE WILL.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Date

# Kidz First Transit

## Payment Selection and Credit/Debit Card Authorization Form

Payments for service shall be paid by the 1<sup>st</sup> of each month. Payments not received by the 5<sup>th</sup> of each month will be charged a late fee of \$35.00. Payment secures your child's seat for the month. Payments are not "*carried*" over to the next week/month if your child misses a scheduled day. Charges will still be applied.

**We accept Visa, Debit card, Cashiers checks or Money orders**

**Please Check payment option:**

- ◆ **CREDIT/DEBIT CARD**
- ◆ **CASH**
- ◆ **CASHIERS CHECK/MONEY ORDER**
- ★ **NO PERSONAL CHECKS WILL BE ACCEPTED**

Please bill my credit card:

Type \_\_\_\_\_ ( Mastercard or Visa )

Account # \_\_\_\_\_

Name on Card \_\_\_\_\_

Exp. Month \_\_\_\_\_ Year \_\_\_\_\_

3 digit SC # \_\_\_\_\_ Billing Zip \_\_\_\_\_

Signature \_\_\_\_\_

I acknowledge that Kidz First Transit or I may terminate this agreement at any time. In addition, I agree to submit in writing any and all changes pertaining to this form to:

**Kidz First Transit  
2400 Sycamore Dr Suite # 15  
Antioch Ca, 94509  
Ph: (925)679-9066  
Fax: (925)281-9102**